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CLAIMS ONLY							Application Number 09/980,916		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
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33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				

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CLAIMS ONLY							Application Number 09/980,916		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
/s 1	/						51					
/s 2	/	/					52					
/s 3	/						53					
/s 4		/					54					
/s 5		/					55					
/s 6		/					56					
/s 7		/					57					
/s 8		/					58					
/s 9		/					59					
/s 10		/					60					
/s 11		/					61					
/s 12		/					62					
/s 13		/					63					
/s 14		/					64					
/s 15		/					65					
/s 16		/					66					
/s 17		/					67					
/s 18		/					68					
/s 19		/					69					
/s 20		/					70					
/s 21		/					71					
/s 22		/					72					
/s 23		/					73					
/s 24		/					74					
/s 25	/						75					
/s 26	/	/					76					
/s 27	/						77					
/s 28	/	/					78					
/s 29	/	/					79					
/s 30	/						80					
/s 31	/	/					81					
/s 32	/	/					82					
/s 33	/	/					83					
/s 34	/	/					84					
/s 35	/	/					85					
/s 36	/	/					86					
/s 37	/	/					87					
/s 38	/	/					88					
/s 39	/	/					89					
/s 40	/	/					90					
/s 41	/	/					91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	7						Total Indep					
Total Depend	34						Total Depend					
Total Claims	41						Total Claims					

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